

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

462796

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6		5		1		
7		5		1		
8	/		Cancelled			
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18	/		/			
19	/		/			
20		12		1		
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50			/			
TOTAL IND.	18		16			
TOTAL DEP.	34		15			
TOTAL CLAIMS	52		31			

  

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